OCKET NO. 10019865-1 ATTORNE:

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

a patent is sought on the inv SYSTEM AND METHOD FOR		NG USING CELL MA	P WITH ENTRY	GROUPING FO
HIGHER-WAY INTERLEAVING		ha fallawina hay ia a	hookodi	
the specification of which is		_		
	as US Appl and was amend			
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I hereby state that I have reincluding the claims, as ame disclose all information which Foreign Application(s) and/or Claim I hereby claim foreign priority benefitiventor(s) certificate listed below a	ended by any amendmen in is material to patentabil of Foreign Priority fits under Title 35, United Stat and have also identified below a	at(s) referred to about lity as defined in 37 tes Code Section 119 of any foreign application for	ve. I acknowled CFR 1.56. any foreign applicat	dge the duty to
a filing date before that of the applic	Cation on which priority is clair APPLICATION NUMBER	med: DATE FILED	PRIORITY CLAIMED U	UNDER 35 U.S.C. 119
			YES:	NO:
* 9**	1		YES:	NO:
Provisional Application				
	APPLICATION NUMBER	FILING DATE		
U. S. Priority Claim I hereby claim the benefit under Tit insofar as the subject matter of ea manner provided by the first paragi	tle 35, United States Code, Sech of the claims of this applicate the property of Title 35, United States Code of Federal Regulations, Second of Federal Regulations	ection 120 of any United tion is not disclosed in the Code Section 112, I ack	ne prior United State	es application in the to disclose materia
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made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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DECLARATION AND POWE ATTORNEY FOR PATENT APPLICATION (continued)

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	Residence:			
	Post Office Address:			
	Inventor's Signature		Date	
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	Full Name of # 4 joint inventor	or:		Citizenship:
	Residence:			
	Post Office Address:			
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Ü	Inventor's Signature		Date	
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ä;	Residence:			
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	Inventor's Signature		Date	
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	Inventor's Signature			
	magiral a alduqrata		Date	
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	Post Office Address:	-		
	Fost Office Address:			
	Inventor's Signature		Date	
	Full Name of # 8 joint invent	tor:		Citizenship:
	Residence:			
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	Inventor's Signature		Date	
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